

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (5-99)

1. CIR/DIST/ DIV CODE 2. PERSON REPRESENTED Sameeh Hammond 4/8 VOUCHER NUMBER TPA2403-114

3. MAG. DKT/DEF. NUMBER 4. DIST. DKT/DEF. NUMBER 8:03 Cr-77-T-2018 5. APPEALS DKT/DEF. NUMBER 6. OTHER DKT. NUMBER

7. IN CASE/MATTER OF (Case Name) U.S. v. Sami al-Arian 8. PAYMENT CATEGORY ☐ Felony ☐ Petty Offense ☐ Misdemeanor ☐ Other ☐ Appeal 9. TYPE PERSON REPRESENTED ☐ Adult Defendant ☐ Appellant ☐ Juvenile Defendant ☐ Appellee ☐ Other: 10. REPRESENTATION TYPE (See Instructions)

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)

Appeal of Detention Hearing

13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include opening statement, closing statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 11).

4/8/03 Status Conference

DATE BY

14. SPECIAL AUTHORIZATIONS

ENTERED 4 JUDGE'S INITIALS dc

A. Apportioned Cost _____ % of transcript with (Give case name and defendant)

B. ☐ Expedited ☐ Daily ☐ Hourly Transcript ☐ Realtime Unedited TranscriptC. ☐ Prosecution Opening Statement ☐ Prosecution Argument ☐ Prosecution Rebuttal ☐ Defense Opening Statement ☐ Defense Argument ☐ Voir Dire ☐ Jury Instructions

D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.

15. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.

Daniel M. Hernandez 4/20/03
Signature of Attorney Date
Printed Name
Telephone Number: 813-875-9694
☒ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization

16. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 15 is hereby granted.

John J. M...
Signature of Presiding Judicial Officer or By Order of the Court
Date of Order 22 May 2003 Nunc Pro Tunc Date

17. COURT REPORTER/TRANSCRIBER STATUS

☒ Official ☐ Contract ☐ Transcriber ☐ Other

18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

Kathleen P. Walden
US District Court
801 N. Florida Ave.
Tampa, FL 33602-3800

Telephone Number: 813 301-5252

19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE

261-15-2017

20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original						
Copy		27	.83	22.41		22.41
Expenses (Itemize)						

TOTAL AMOUNT CLAIMED :

21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee Kathleen P. WaldenDate 6/11/03

22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.

Daniel M. Hernandez
Signature of Attorney or Clerk

6/13/02
Date

FILE COPY

23. APPROVED FOR PAYMENT

JD Hoffman
Signature of Judicial Officer or Clerk of Court

8/13/03
Date

24. AMOUNT APPROVED

\$ 22.41 266
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